

PATENT APPLICATION SERIAL NO. 10/518774

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/03/2005 LLANDGRA 00000031 10518774

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	50.00 OP

Adjustment date: 05/18/2005 CBURT1
01/03/2005 LLANDGRA 00000031 10518774
02 FC:1632 -500.00 OP

05/18/2005 CBURT1 00000001 10518774

01 FC:1642	400.00 OP
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Repln. Ref: 05/18/2005 CBURT1 0016142500
DAH:021818 Name/Number:10518774
FC: 9204 \$100.00 CR

PTO-1556

(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5.17.05</u>		2 Serial/Patent # <u>10/518774</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		6.17.05 \$ 100 ⁰⁰							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 100 ⁰⁰								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		2 Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table>		0	2	--	1	8	1	8
0	2	--	1	8	1	8				
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY: <u>C. Burt</u>										
TYPED/PRINTED NAME: <u>Charita Burt</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140x207</u>								
OFFICE: <u>PC</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: